

Case Number:	CM15-0177396		
Date Assigned:	09/18/2015	Date of Injury:	06/18/2009
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old male worker who was injured on 6-18-2009. The medical records indicated the injured worker (IW) was treated for left shoulder rotator cuff tear; left shoulder labral tear; left shoulder healing biceps; and left shoulder pain. Physical therapy notes (8-3-15 to 8-13-15) indicated he had eight sessions of 12 for his left shoulder and was showing improvement in pain and function. In the progress notes (8-12-15) the IW had anterior left shoulder pain related to his surgery on 5-18-15. He reported improving strength and flexibility from current PT and was requesting more sessions, since he was near the end of these sessions. Medications included Feldene, Percocet and Ambien. The IW was not working. The most recent physical examination (7-8-15) noted right shoulder surgical portals were well healed. There was some tenderness over the acromioclavicular joint with an equivocal cross arm adduction test. He had popping in his joint and positive lift off test and drop arm test. O'Brien's, Yergason and Speed's tests were positive. The long head of the biceps appeared to be intact, but tender. The left shoulder incisions were clean and dry without redness or heat. There was some swelling of the shoulder. The neurovascular exam was intact. He was able to move his fingers and he denied any numbness or tingling. According to the records, Norco was first prescribed on 7-8-15. A Request for Authorization dated 8-24-15 was received for 12 sessions of physical therapy and one prescription of Norco 10-325mg, #60. The Utilization Review on 9-1-15 non-certified the request for 12 sessions of physical therapy per CA MTUS post-surgical guidelines and one prescription of Norco 10-325mg, #60 was modified to allow #36 tablets for weaning per CA

MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines - Treatment in Workers' Comp (ODG-TWC).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in June 2009 and underwent an arthroscopic left rotator cuff repair with labral debridement and biceps tenodesis on 05/18/15 and has a history of right shoulder arthroscopic surgery in August 2012. Percocet was prescribed following his surgery. Since July 2015 Norco has been prescribed, although postoperative follow-up notes continue to document ongoing medications as Feldene, Ambien, and Percocet. As of 08/13/15 he had completed eight of 12 postoperative physical therapy treatments. When seen, he was having ongoing anterior shoulder pain. His strength and flexibility were improving with physical therapy. Physical examination findings included pain with cervical spine range of motion. There was some ongoing left shoulder swelling. He had right acromioclavicular joint tenderness with positive right lift off, drop arm, O'Brien, Yergason and Speeds testing, with equivocal cross arm abduction testing. There was right shoulder joint popping. Authorization for 12 additional physical therapy treatments was requested. Norco was prescribed. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant had completed a partial course of physical therapy. Although the requested number of additional post-operative therapy visits remains within accepted guidelines, an assessment after completing the recommended initial course of therapy would be needed to determine whether additional skilled therapy was necessary or likely to provide additional benefit. The request is not considered medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Opioids Guideline, American College of Occupational and Environmental Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2009 and underwent an arthroscopic left rotator cuff repair with labral debridement and biceps tenodesis on 05/18/15 and has a history of right shoulder arthroscopic surgery in August 2012. Percocet was prescribed following his surgery. Since July 2015 Norco has been prescribed, although postoperative

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